



THE RUDDER

Sailings of the Medical Service Corps



From the MSC Director



Greetings Medical Service Corps Team! As I take the helm as the 18th Director of our Corps, I first wish to extend my sincere gratitude and appreciation to RDML Moulton for his tremendous leadership

and nurturing of the Medical Service Corps over the past three years. As a result of his bold leadership and fervent commitment, the Medical Service Corps advanced to even greater heights.

The Medical Service Corps, along with Navy Medicine and the Navy at large, begin this year with new leadership. Change is inherent to our organization and with it comes growth and experience. As we continue to grow as a Corps, I want us to focus on three areas:

Heritage, Excellence and Integrity.

Our ***Heritage*** is built on a long and distinguished history and we should honor it in everything we do. Recognizing our Corps' unique abilities and upholding Navy customs and traditions shapes our attitude and fortifies our leadership position in Navy Medicine. Acknowledging our strengths and realizing our potential guarantees future success.

MSCs consistently achieve greatness across a variety endeavors and functions each and every day. Across all ranks, we share the same focus of advancing the Navy's

mission with continued ***Excellence***. Every one of you contributes to the success of Navy Medicine through your superb efforts and our commitment to excellence cannot waiver.

As the most diverse Corps in Navy Medicine, our 31 specialties are stationed all over the globe and are constantly striving to exceed the expectations of those we serve. Every individual chosen to be a part of the Medical Service Corps

team possesses a special talent. I believe that with all our combined talents, dedication and commitment, we will continue to lead with

Integrity, strengthening one another and the Corps. We must always be the consummate professional with impeccable and honorable conduct - this is who we are.

The supreme quality for leadership is unquestionably integrity. Without it, no real success is possible.

Dwight D. Eisenhower

Our Corps is strong, relevant and resilient because of your great leadership, efforts and accomplishments. I empower each of you to continue to Honor Our ***Heritage***, Commit to ***Excellence*** and Lead with ***Integrity*** in all you do. We remember those whose shoulders on which we stand and thank them for such a great foundation. The best of the Medical Service Corps is yet to come.

RDML(Sel) Anne Swap

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From the Corps Chief's Office

Renaming the MSC Update

– Thank you for all those who participated. We received over 300 entries from “The Twig,” to “Swaping Sea Stories.” But as you can see, “The Rudder: Sailings of the Medical Service Corps” was chosen. We hope that this newsletter continues to guide MSCs on the right course.

Reading List

"Not all readers are leaders, but all leaders are readers."

–Harry S. Truman

– The SG has published a required reading list for the Flags in Navy Medicine. RDML (Sel) Swap recently quoted from the Dream Manager during her comments at our specialty leader business meeting. Three of the books are provided below for your consideration:

- The Five Dysfunctions of a Team by Patrick Lencioni
- Lincoln on Leadership by Donald T. Philips
- The Dream Manager by Matthew Kelly

– Many books (including audio versions) from both the CNO and SG reading lists can be downloaded via the Navy Professional Reading library at <http://navy.lib.overdrive.com/0BFE16A1-0DB3-441E-880E-9F2166324D49/10/50/en/Default.htm>. We encourage you to consider these for your own professional growth and share with your fellow MSCs as part of your mentoring sessions.

BUMED Conference Policy

–All requests for attendance at a non-DOD conference must be submitted **NO LATER THAN 90 DAYS PRIOR TO THE CONFERENCE START DATE FOR REQUESTS UNDER \$90K AND 180 DAYS FOR REQUESTS OVER \$90K**. Additionally, all requests to hold a DON/DOD conference must be submitted 120 days prior to the proposed conference start date for requests under \$500K and 180 days for requests over \$500K.

–For all conference request submissions, the BUMED Conference Approval Team will respond within 72 hours. If you do not receive a confirmation of receipt within that timeframe, please contact LT Michael Baun, Corps Chief Administrative Fellow at: michael.b.baun.mil@mail.mil. For more information on BUMED's conference policy, go to the [BUMED home page](#) and click on the “Conference Information” tab.

Recent Messages of Interest

- [ZIKA VIRUS RISKS AND TRAVEL PRECAUTIONS](#)
- [ABSENTEE VOTER REGISTRATION AND 2016 PROGRAM GUIDANCE](#)

Save the Date!

This year's eLEAPS will be held on 7 Apr 2016.

Medical Service Corps Facebook Closed Group

If you would like to join, please go to <https://www.facebook.com/groups/usnavymsc>

Newsletter Submissions

Pictures, stories, and any other input can be submitted by forwarding to:

usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil

For pictures, please include location, rank, first and last name, subspecialty, and a short caption.

When making submissions, please ensure photos have been approved by your local Public Affairs Officer prior to submission.

Newsletter Staff

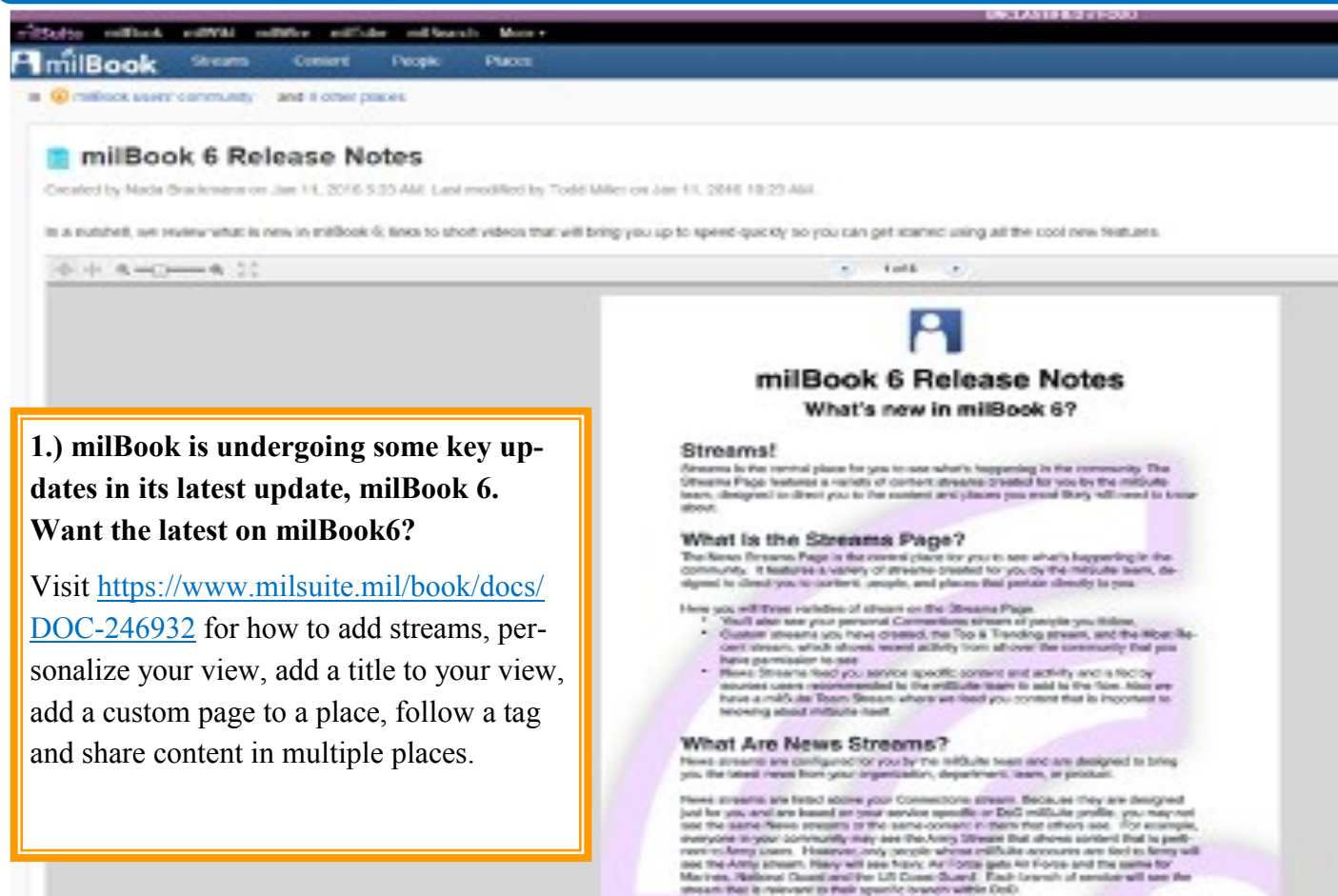
LCDR V. Deguzman
LT M. Baun
LT L. Brown



milSuite Tip of the Month: milBook 6 Updates and eMentoring

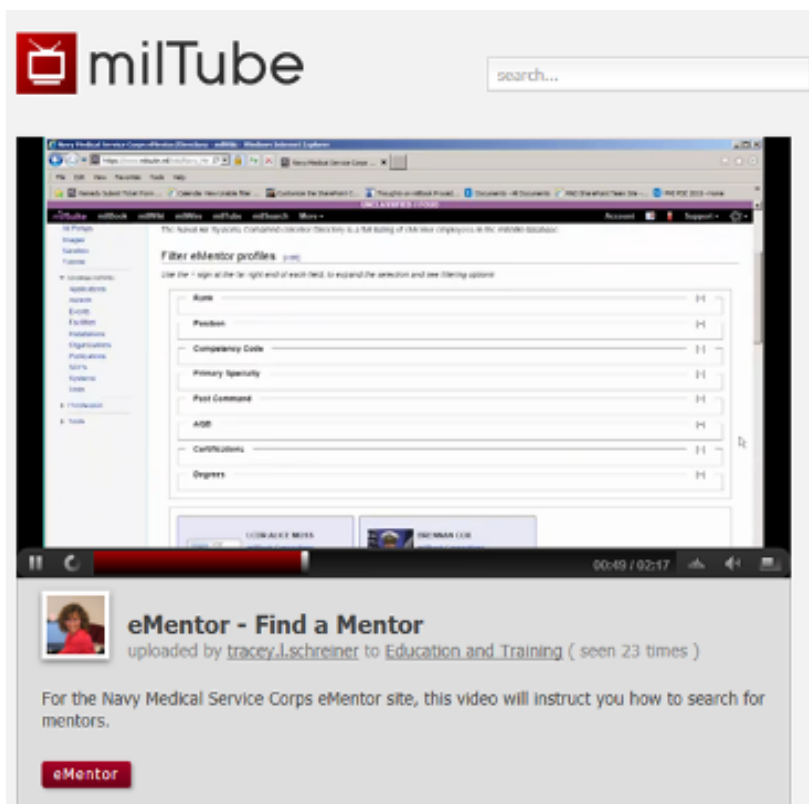
1.) milBook is undergoing some key updates in its latest update, milBook 6. Want the latest on milBook6?

Visit <https://www.milsuite.mil/book/docs/DOC-246932> for how to add streams, personalize your view, add a title to your view, add a custom page to a place, follow a tag and share content in multiple places.



2.) Looking for an MSC eMentor? This video will instruct you how to search for a mentor:

<https://www.milsuite.mil/video/watch/newvideo/10246>



ENLISTED PRIZE ESSAY CONTEST

Sponsored by **TEXTRON** Systems

This contest will run twice annually,
total prizes of \$12,000/year.

FIRST PRIZE: \$3,000

SECOND PRIZE: \$2,000

THIRD PRIZE: \$1,000

(Note: All prize winners will receive one-year memberships in the U.S. Naval Institute.)

Word length: 1,500 words • **Eligibility:** Open to enlisted personnel—active-duty, reserve and retired—from any nation's sea services.

Deadline: 31 March 2016 • **Submit to:** essay@usni.org

Winners: Winner published in June *Proceedings*, and all winners recognized at Defense Forum Washington, December 2016, at the Newseum in Washington, DC.



THE CHALLENGE

Write on a topic that makes the Naval Profession stronger. No subject is too large or too small. For example:

- Identify opportunities on how to better use enlisted professionals' talents.
- Share leadership best practices.
- Improve tactical doctrine.
- Propose a way to make the underway watch bill more efficient.
- Prepare Sailors to serve in an LCS.
- Give Marines who are reporting to support the new F-35B Strike Fighter Squadrons insider information to help them do their jobs better.
- Define for Coast Guardsmen new techniques in boarding ships for inspections.
- Help first-tour Ensigns and/or Second Lieutenants be successful.

SPONSOR

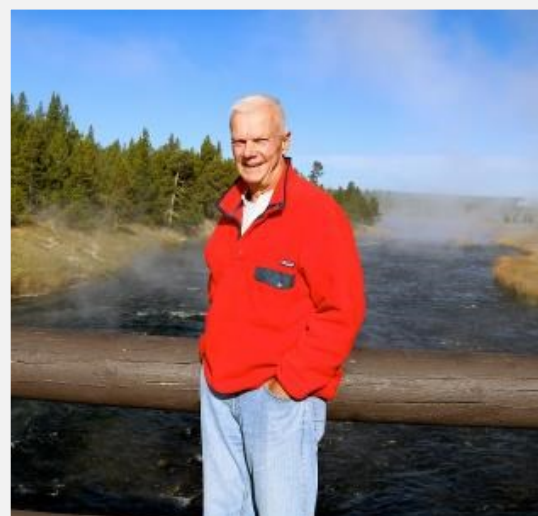
The Naval Institute's Enlisted Essay Contest is made possible by a three-year grant from Textron Systems, whose businesses include Advanced Information Solutions, Electronic Systems, Geospatial Solutions, Lycoming Engines, Marine & Land Systems, Support Solutions, Unmanned Systems, Weapon & Sensor Systems, and TRU Simulation & Training.

For more details, please visit www.usni.org/enlistedessay

In Memoriam

Obituary (from McAlister-Smith Funeral-Cremation James Island Chapel, Charleston, SC):

Robert "Bob" Charles Wilkens, Captain, USN, Retired, passed away on Monday, December 28, 2015 in Charleston, SC. He was born on January 26, 1943 in Long Beach, NY. Bob is survived by his wife of 45 years Linda (Hoppmann) Wilkens of Charleston and his sister Kathy Wilkens Case of Albany, NY. Bob was a graduate of Moravian College (BS), the University of South Carolina (MA), the MUSC College of Pharmacy and the Medical College of Virginia (PharmD). He served in the US Air Force 1965-1969 and the US Navy 1978-2004. Bob was an avid sailor and for many of his Navy assignments, he and Linda lived aboard their sailboat. His duty stations included Vietnam, Thailand, Charleston Naval Hospital, the United States Capitol, National Naval Medical Center Bethesda, National Naval Medical Center Portsmouth, National Naval Medical Center San Diego, where he served as director for 2 tours, and the Bureau of Medicine and Surgery, Washington, DC.



During his military career, he was awarded the Meritorious Service Medal (3), the Navy Commendation Medal (3), the Navy Achievement Medal (3), the National Defense Service Medal (3), the Vietnam Service Medal, the Vietnam Campaign Medal with Gallantry Cross, the Air Force Commendation Medal and the Navy Unit Commendation. Subsequent to his military career, Bob served as Director of Pharmacy at East Cooper Regional Medical Center.

Bob's greatest career legacy is the number of young people he coached and mentored over the years. Many went on to seek further education; all of them recognized his care and concern for their future success. Following his professional retirement, Bob and Linda and their pup, Sophie, traveled extensively by boat venturing into Canada during the summer and by car or RV throughout the U.S. in the winter.

Bob will be inurned among his military family in Arlington National Cemetery in the spring. Memorials may be made to the Pulmonary Fibrosis Foundation, 230 E. Ohio Street, Suite 304, Chicago, IL 60611-3201; Pet Helpers, 1447 Folly Rd, Charleston, SC 29412 or the charity of one's choice. Condolences may be viewed or submitted online at www.McAlister-Smith.com. Arrangements were entrusted to McALISTER-SMITH FUNERAL HOME, JAMES ISLAND CHAPEL, 347 Folly Road, Charleston, SC 29412.

Education & Training Management
Radiation Health Specialist
Financial Management
Environmental Health
Physician Assistant
Medical Technology
Physical Therapy
Microbiology
Podiatry
Pharmacy
Physiology
Medical Logistics
Operations Analysis
Patient Administration
Plans, Operations & Medical Intelligence
Health Facility Planning and Project Officer



Health Care Information Systems
Biochemistry/Toxicology
Occupational Therapy
Manpower/Personnel
Clinical Psychology
Industrial Hygiene
Entomology
Audiology
Dietetics
Optometry
Social Work
Research Psychology
Aerospace Physiology
Health Care Administration
Aerospace Experimental Psychology

Reserve Update

Next month for the Reserve section of the MSC Newsletter, we will begin to spotlight the different Reserve Operational Health Support Units (OHSU) and the Expeditionary Medical Facilities (EMF). The first unit in the spotlight will be EMF Camp Pendleton.



Jacksonville, FL - OHSU JAX MSC's participates in the "Dining In" during the 9 Jan 2016 drill weekend. Pictured (L-R): CDR Brian Foor, Physician Assistant/ADFA; LT William Lavinghousez, Healthcare Administrator; LCDR Louise Anderson, Healthcare Administrator/POMI; CDR Scott Williams, Medical Technologist; CDR Billy Hall, DFA/POMI); LCDR Romie Peul, Pharmacist; LT Leslie Fiala, Dietician; LT Chris Gingras, Healthcare Administrator; and LT John

**NAVAL
RESERVE**
STAY STRONG



Do you have photos, articles, and BZs to share? Submit them through your chain of command to:
[MSC Corps Chief's Office](#)

From the Detailers

NEW SENIOR MSC AND CLINICAL DETAILER!!!

PERS-4415 welcomes CDR Jody Dreyer who is coming to us in late March from BUMED. CDR Dreyer is a CAPT select pharmacist who has a very diverse background with assignments in and out of the MTF, OCONUS, and has deployed. He carries a secondary subspecialty code for Healthcare Administration as well. CDR Dreyer will serve as the Senior MSC Detailer and assume the Clinician/Med Tech slate. His phone number will be 901-874-3756 and his email address will be distributed once an account is established. CAPT Kim Zuzelski is transferring 01 April to Naval Hospital Bremerton where she will report as the Executive Officer. We wish her and her family well!

PERS 4415 welcomes CDR Robert Anderson as the new Senior MSC HCA Detailer for all O5 select, O5, and O6 HCAs. He comes from the Office of the Assistant Secretary of Defense for Health Affairs and brings with him a wealth of experience and diverse assignment history.

LCDR Lakesha Chieves continues to serve as the detailer for O4 and below HCAs. Due to loss of funding for her billet, she will transfer to Walter Reed National Military Medical Center as the Chief of Patient Administration in April 2016. CDR Anderson will assume detailing for all HCAs upon her transfer. Processes have been streamlined and workload shifts have occurred to ensure continued responsiveness and availability to the HCA community. Although she has only been here a short while, LCDR Chieves has been a true advocate for the officers she serves and will be missed.

ADDITIONAL QUALIFICATION DESIGNATIONS (AQDs):

Reference: Manual of Navy Officer Manpower and Personnel Classifications Volume I, Major Code Structures NAVPERS 15839I, October 2015, Part D and can be viewed at [http://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVOL1/Documents/Manual%20I%2053_PT_D%20\(AQD\).pdf](http://www.public.navy.mil/bupers-npc/reference/noc/NOOCSVOL1/Documents/Manual%20I%2053_PT_D%20(AQD).pdf)

Detailers award most AQDs with documented evidence of qualification such as a FITREP or PIM, however, there are a few exceptions:

- BUMED adds the primary AQD for the subspecialty. POC is LT Jason Niven at email Jason.r.niven.mil@mail.mil.
- Joint Service AQDs, including Joint Professional Military Education, are managed by Joint Matters (PERS-45J): <http://www.public.navy.mil/bupers-npc/officer/Detailing/jointofficer/Pages/default.aspx>
- AQDs for Executive Medicine (67A) and Managed Care Coordinator (67G) are awarded by the detailer with verification by NMETC that all competencies of the Joint Medical Executive Skills Development Program have been met. POC is Mr. Clinton Garrett at Clinton.a.garrett.civ@mail.mil
- When requesting AQD additions, please provide the code you are requesting paired with the supporting documentation.

Guidance on the updated board procedures are now posted on the BUPERS-NPC web site. Use the link below and then under "Helpful Information" see "Updated Procedures for FY-17 Navy Active-Duty Promotion Selection Boards." There is similar information on the Reserve Board page. <http://www.public.navy.mil/bupers-npc/boards/activedutyofficer/Pages/default.aspx>

WHEN WILL I GET MY ORDERS? Orders are released based on priority and availability of funding, which may be 4-6 months prior to detach. Retirement and Separation orders are typically released 6 months prior to detach.

Check your professional record online: <http://www.npc.navy.mil/CareerInfo/Recordsmanagement/>

Selection Boards: <http://www.npc.navy.mil/Boards/GeneralBoardInfo/>

Request Extension: <http://www.npc.navy.mil/bupers-npc/officer/Detailing/r1staffcorps/medical/Pages/default.aspx>

MSC Detailers

CAPT Kim Zuzelski (Senior MSC Detailer/HCC/Med Techs)
Kimberly.zuzelski@navy.mil (901) 874-3756

CDR Robert Anderson (HCA)
Robert.l.anderson@navy.mil (901) 874-4120

LCDR Kathryn Barbara (HCS)
Kathryn.barbara@navy.mil (901) 874-4115

LCDR Lakesha Chieves (Junior HCA: O1-O4)
Lakesha.chieves@navy.mil (901) 874-4050



Specialty Spotlight

Navy Clinical Psychology is a dynamic, innovative and exciting specialty within the Medical Service Corps. Navy Clinical Psychology's mission is to improve the psychological health of Sailors and Marines by delivering evidence-based comprehensive care, supporting warriors across the deployment cycle, and building a ready and resilient fighting force. As the overall size of our military contracts, clinical psychology has strengthened. Our specialty has grown from 137 billets in 2009 to 212 billets in 2015.

This is evidence of the outstanding service that psychologists provide around the world. Ensuring quality across our specialty, we strive to maintain healthy staffing by accessing USU PhD students, pre-doctoral interns, post-doctoral fellows and direct accessions. We have many fellowship (DUINS) opportunities that vary from year to year and have included operational psychology, neuropsychology, pediatric psychology, and psychopharmacology.

The largest growth in our community has occurred within the operational setting. Psychologists

bring a unique set of skills to assist line leaders with meeting their mission through embedded mental health services, consultation, and the assessment and selection of members assigned to specialized units (SEALs, embassy guards, and Presidential Support Marines). We often serve as direct staff officers to the commanding officers in these settings. Increasingly, psychologists support optimizing human performance, and increasing force readiness, in addition to treating psychopathology. Some of our more unique duty assignments include infantry Marine units, aircraft carriers, SEAL teams, Presidential support, and Joint Task Force Guantanamo.

In addition, Psychologists continue to play a significant role in providing and leading mental health care at our MTFs. Clinical psychologists are on the cutting edge of providing evidenced-based care, executing clinical practice guidelines, and implementing best practices. We keep Sailors and Marines in the fight and guide them through their most difficult situations. At times, this is a challenging and emotionally draining task, but psy-

chologists deliver this critical service every day.

Clinical psychologists are a cohesive and passionate group of officers. In a recent survey of the community, 83 percent of psychologists reported they were very satisfied or satisfied with being a Navy psychologist. To maximize cohesion and communication within our specialty we utilize social media, milSuite, meet yearly at the Navy Day Symposium, have a robust mentorship program, and have created and adopted a five-year strategic plan. The same survey also identified some challenges and to that end we've recently chartered two community working groups to examine maximizing promotion and maintaining a healthy work/life balance. In addition, we will continue to recognize our superior performers through the Junior and Senior Psychologist of the Year program.

Ensuring the psychological health and force readiness of America's Navy and Marine Corps, clinical psychology is providing world class care to our Sailors and Marines and crucial direct support to our line leaders.

Clinical Psychology

Subspecialty Code = 1840-43

Billets = 212

End Strength = 197 Primary

Reserve Billets = 16

Reserve End Strength = 16



Specialty Spotlight



Top Row left to right: Walstaff, Dilustro, Farnsworth, Kamala, Levinson, Levesy, Munton, Norton Bottom Row left to right: Bessmer, Kerkian, Kardong, Bjorklund, Byrd, Gillard, Ruben, Rosati (not shown)

Industrial Hygiene is often defined as the science and art devoted to the anticipation, recognition, evaluation and control of hazards in the workplace. Hazards can range from environmental factors or stresses in or from the workplace which may cause sickness, impaired health and well-being, or significant discomfort among workers. Tasks to evaluate/monitor the workplace environment may take the form of traditional air sampling and laboratory analysis, operating field-portable hand-held chemical sensors, conducting noise surveys, performing comprehensive industrial hygiene surveys of the programs and operations of entire commands/work centers, ship assist visits, INSURV inspections, ventilation surveys, and much more. These tasks are performed to protect workers' health typically from long-term health risks associated with occupational exposures to chemical, physical and/or biological hazards, but can include acute hazards as well.

While the practice of IH is indeed a science, requiring a solid foundation of chemistry, biology, physics and mathematics, the practice is also considered



an art in that professional judgment (based on both academic knowledge and experience) plays a key role in properly mitigating health hazards in the occupational setting, as not all hazards encountered have established regulatory limits of exposure but yet may be harmful to health. Thus, Industrial Hygiene is an essential component of any effective/successful preventive medicine program. IHOs directly assist in conserving the fighting force through characterization and assessment of chemical, physical and biological hazards, with subsequent control/elimination of hazard(s).

The National Safety Council called an Emergency Safety Conference in October of 1941 to react to a proclamation by President Roosevelt con-



LT Guido Rosati - IH Lab Philadelphia Naval Shipyard Dispensary 1945

cerning the rapidly rising accident rate. He called for the Council to mobilize its nation-wide resources in leading an intense focused campaign against accidents.

Subsequently, SECNAV issued a letter directing expansion of the safety and industrial health program at Naval industrial shore establishments. Commandants or Commanding Officers of the principal stations in each Naval District were directed to recruit Industrial Hygiene Officers (IHOs) and establish an Industrial Health Office. They were designated H-V(S) officers, which stood for Hospital Corps-Volunteer (Specialist). The picture below is of fifteen Navy Industrial Hygiene Officers would have received just in time training from Columbia University, DeLamar Institute of Public Health of the College of Physicians and Surgeons, 10 August 1942.

Now, our nearly 125 IHOs Navy-wide enter the Navy typically as Master's-trained officers from any one of the 23 accredited IH programs nationwide, through Direct Accession, the Health Sciences Collegiate Program, In-Service Procurement Program, and occasionally via lateral transfer.

Specialty Spotlight



Commands, as professors at research/academic settings like the Uniformed Services University, and everywhere in between to include the Southeast to Southwest, and the Midwest to the Middle East.

IHOs are truly a force health multiplier, providing force health protection through direct, periodic monitoring and medical surveillance. The continued presence and leadership on part of IHOs throughout the Fleet/USMC will help ensure force multiplication through cost avoidance and enhanced

readiness of Physicians and Surgeons, 10 August 1942. due to reduced short-term and chronic occupationally-related injuries/illnesses.

Please contact CAPT Maria Majar, IH Specialty Leader, at maria.majar@usuhs.edu for any questions.

Often, IHOs serve in a “1 of 1” setting, in which they are the lone occupational health practitioner serving the command, battlegroup or region and thus they are expected to be fully capable of providing timely, expert consultation for command leadership while operating independently. As the IHO’s working canvas and focus is the “occupational environment”, this equates to IHOs serving wherever the Navy and Marine Corps operate...from steel decks in the Atlantic to the Pacific, to Lejeune, Pendleton and deployed areas with the USMC, at MTFs from Norfolk to San Diego, as well as overseas MTFs in Italy and Iwakuni, and to NEPMUs/FDPMUs globally. IHOs can also be found as consultants on staffs of Combatant Commands and Type



Industrial Hygiene

Subspecialty Code = 1861

Billets = 119

End Strength = 113

Reserve Billets = 9

Reserve End Strength = 10



MSCs in Focus



Portsmouth, Virginia - RDML Terry J. Moulton receives a plaque from CAPT Matthew Case, Director For Administration, at the Hail and Farewell of the Hampton Roads Medical Service Corps Association. RDML Moulton was recently assigned as Deputy Chief, Bureau of Medicine and Surgery and Deputy Surgeon General of the Navy, Falls Church, Virginia.



Portsmouth, Virginia - CAPT Darin Via (far right), NMCP Commanding Officer, presents a plaque and a coin to LT Edgar Escobar, Physician Assistant, for his selection as the Junior Officer of the year 2015. Also pictured are CAPT Bradford Smith, Executive Officer, and Master Chief Eric Anderson, CMC.

MSCs in Focus



Pensacola, FL - LCDR Amit Sood, Dietitian, presents the topic of Nutrition for Optimal Performance and Recovery to a large audience of Flight Surgeons and Aerospace Medicine specialists during USNAC 2016 held on 11-14 Jan. His efforts directly supported the 2016 theme of "Human Performance: An Aviation Force Multiple."

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Do you have photos, articles, and BZs to share?
Submit them through your chain of command to: MSC Corps Chief's Office



Pensacola, FL - Mr. Bill Moore (left), Director of the 21st Century Physical Readiness Program Office, and Mr. Roy Thompson (right), Master Black Belt and course instructor, present the Certificate of Completion to LCDR Sood for completing the Department of the Navy's Lean Six Sigma Black Belt Course (160 hours). LCDR Sood was one of only 11 individuals handpicked from a group of 40 Green Belts to complete the first ever offered course at NSA Mid-South.

MSCs in Focus



Orlando, FL - RADM (ret) James Robb (left), President of the National Training and Simulation Association, presents the Modeling & Simulation Cross-Function award to Naval Health Research Center's LT Brennan Cox, Aerospace Experimental Psychologist, Dr. Pinata Sesoms, and LCDR Jose Dominguez, Physical Therapist, for work done to enhance and expand a virtual reality tool designed to rehabilitate injured warfighters into one that also promotes injury prevention and resilience.



Bethesda, MD - CAPT Ray Stiff, Deputy Corps Chief, Medical Service Corps, promotes LCDR Rachelle Fulson, Healthcare Administrator, to Commander.



USS KEARSARGE (LHD 3) - Secretary of Defense, Ash Carter, congratulates LT Sandeep Kumar, Medical Admin Officer onboard USS KEARSARGE (LHD 3), during his visit on 19 Dec 2015. LT Kumar was one of the four officers selected to be recognized by the Secretary of Defense during the visit.



Get engaged on

to get the latest

updates on the MSC!

Patient Administration

By LCDR Maria C. Coon, MSC, USN
PAD Specialty Leader

How well do you know your Patient Administration (PAD) Office? Do you know why it's often referred to as the "cradle to grave" department? This article is an introduction to a six part series that will explore the world of PAD, increase leadership awareness of PAD as an enabler, and force multiplier in delivering quality healthcare, as a partner in providing exceptional patient experience, and imperative in becoming a high reliability organization.

On August 1947, the Medical Service Corps was

"Compassion, Accountability, Professionalism, and Leadership"

established by the Army-Navy Medical Service Corps Act and by the mid-1950s a hospital administrative and support service headed by Medical Service Corps Officers had solidified (D. P. Gray, 1997.) Among the hospital administration services was the Patient Administration Specialty which encompassed a broad range of diverse administrative functions including maintenance of records on admission and disposition of patients, preparation of written medical board surveys for active duty patients suffering physical disability, processing invoices for medical services rendered by civilian institutions for military personnel, and eligible civilian beneficiaries, preparation of correspondence and reports on patient care and progress, generation of inpatient statistical data, liaison with Fleet and other armed services on medical treatment of active duty patients, maintenance of medical records on all patients and staff, local management of the Navy decedent affairs program, control of inpatient personal effects and baggage, and coordination aeromedical patient movement (D. P. Gray, 1997.)

Today, the role of Patient Administration Officers in Navy Medicine extends beyond Military Treatment Facilities (MTF). They also serve aboard ships, at joint and expeditionary medical facilities and at headquarter commands. Between FY-04 and FY-16, PAD has maintained approximately 70 billets. They are unique among other Healthcare Administration specialties as they directly and closely interact with service members and their families, military commands and their leadership, nurses, providers, fellow administrators, and sister services on a daily basis. They serve as the front line of MTFs to all those seeking care (eligible or ineligible) and often referred to the "cradle to grave" specialty; responsible for birth registration, decedent affairs, and everything in between.

The PAD community consists of Medical Service Corps Health Care Administrators (HCA) that attends and completes a three-week Patient Administration Course at the Navy Medicine Personnel Development Command. This course provides HCA officers with a robust entry-level overview of core patient administration managed programs, relevant tools, references, and resources to effectively perform PAD assignments in any environment. Graduates of the course are automatically assigned a tertiary subspecialty (SSP) code of 1801V, formal preparation in BUMED approved non-degree course. An upgrade assignment to secondary and primary SSP with corresponding suffix is assigned at the request of the MSC HCA officer upon successful completion and having proven experience in a Patient Administration billet.

In the next series, we will take a closer look at Patient Administration at the MTF environment. I hope to increase your awareness as leaders on the capability and limitations of Patient Administration and their role as an enabler and force multiplier in delivering quality healthcare, as a partner in providing exceptional patient experience, and an imperative in becoming a high reliability organization within Navy Medicine.

Lung Cancer Screening Day Seeks to Heighten Awareness

By Bernard S. Little, WRNMMC Public Affairs staff writer



In keeping with Lung Cancer Awareness Month observed during November, the John P. Murtha Cancer Center (MCC) at Walter Reed National Military Medical Center (WRNMMC) hosted Lung Cancer Screening Day on November 4 in the hospital.

The MCC is the only Department of Defense Cancer Center of Excellence in the Military Health System, and it has developed an effective lung cancer screening program, explained CDR Elena Prezioso. "It's important to us, especially here at Walter Reed Bethesda where we have a large population, to do as much health prevention as we can," said Prezioso, director of the lung cancer screening program. "Our lung prevention program helps us find lung cancer." She explained the challenge with lung cancer is it usually doesn't show until it's in its later stages.

"Now that we have this screening tool available, we can identify high-risk patients early and treat them, and most of the time, it's a curative treatment," Prezioso said. She added the criteria established by the U.S. Preventive Services Task Force to be considered a high-risk patient for lung cancer, is anyone between the ages of 55 and 80 with a 30-pack-a-year history, or if the person still smokes or has quit less than 15 years ago. Those 50 and older who have at least a 20-pack-a-year history of smoking and at least one additional risk factor, such as a family history of cancer, pulmonary fibrosis, and post exposure to toxic chemicals such as asbestos, radon, agent orange or silica/silicon, may also be considered high risk.

"They should be screened with a low-dose computerized tomography or CT scan," Prezioso said.

Carolyn Mesnak, who facilitates the tobacco cessation program for Integrated Health Services-Internal Medicine Department at WRNMMC, was also on hand at the Lung Cancer Screening Day event to provide people with helpful information concerning kicking the smoking habit and her program.

"We provide individual counseling and classes [to help people quit smoking, dipping and vaping]," Mesnak said. In addition to tobacco products,

Mesnak explained people are getting nicotine through other different avenues, including vape pens, liquid nicotine and hookah pipes.

"A can of smokeless tobacco could equal to three packs of cigarettes," Mesnak continued. "People may think they are doing themselves a favor by quitting smoking, but they may be getting more nicotine from the smokeless tobacco." She added the same may be the case with cigars, which one could equal a pack or two of cigarettes depending on its size. Cigars are rolled using all tobacco leaves for use, whereas cigarettes are rolled in paper with a filter, she explained.

Mesnak said alternatives for smokers may include the use of cinnamon sticks and ginger, behavioral techniques to curb cravings, in addition to patches, gum and medications.

She added the tobacco cessation program is open to service members, their families and other TRI-CARE beneficiaries, as well as federal employees and contractors, although civilian employees and contractors cannot receive medication to help them quit smoking.

Mesnak added the Great American Smoke Out will be on Nov. 19 to encourage smokers to give up the habit. According to the American Cancer Society, sponsor of the observance, about 42 million Americans still smoke cigarettes, and tobacco use remains the single largest preventable cause of disease and premature death in the U.S. As of 2013, there were also 12.4 million cigar smokers in the U.S., and more than 2.3 million who smoke tobacco in pipes.

The tobacco cessation program at WRNMMC is located in the America Building, second floor in the Internal Medicine Department, Integrated Health and Medicine. For more information, call 301-295-0105.

Clinical research coordinator Maggie Nellissery participated in Lung Cancer Screening Day as well. She is currently involved in two studies seeking to detect early lung cancer among military personnel. "Right now we see lung cancer in the CT scan, but the goal for this project is to detect lung cancer earlier than when you can see it on the CT scan," she explained.

Nellissery said she's been working on the project for three years, and it's slated to last five years. For more information about the trials, call 301-295-8713.

NEPMU-5 and NMCS D Get Real About Bed Bugs with Marines

San Diego, CA - On January 15th NEPMU-5 Entomologist LT Jennifer Knapp and the Preventive Medicine Technicians from NMCS D teamed up to present a bed bug brief to 900 marines at Marine Corps Air Station Miramar. "With the increase of bed bugs across the country it is critical that we keep our Sailors and Marines educated on how to prevent bed bug infestation," said HM2 Michael Pascual, NMCS D.

Bed bugs do not transmit any human diseases however they can have a huge effect on morale and getting rid of them can be costly.

"We are out here with these Marines on a regular basis so we see how these insects affect them," said, LT Richelle Magalhaes, Division Officer, Environmental Health NMCS D. "Education is key to prevention so we are thankful for this opportunity to talk to so many Marines at once."

The team presented information about bed bug biology, how to avoid bed bugs and emphasized early reporting to avoid further infestations.

"The key to avoiding bed bug infestations is being vigilant about never bringing them into your living spaces," said LT Jen Knapp, Entomologist, NEPMU-5.

"Bed bugs thrive in areas where people come and go on a regular basis such as hotels and barracks. If you are entering one of these areas, be cognizant of where you place your luggage and if you see signs of bed bugs alert management immediately."

For more information on bed bugs contact NEPMU-5 Operations Department at: usn.san-diego.navenpvnmedufive.list.nepmu5-fleet-support@mail.mil.

"Education is key to prevention"



Pictured: Back row (L-R) - HM1 C. Chimhau, HM1 B. Mogusu, HM2 M. Vinzon, HM2 M. Pascual, HM3 R. Smith; 2nd Row (L-R) - HM2 J. Nettles, HM2 M. Davis, HM1 M. Gregg, LT Jennifer Knapp; Front row (L-R) - HM1 C. Arenas, HN U. Mooney, HM2 S. Miller, LT Richelle Magalhaes.

MSCs in Focus



Pensacola, FL - Top left picture: LT Miles Erwin, Aerospace Physiologist, reads to first graders at Pleasant Grove Elementary during "Literacy Week." Top right picture: LT Matthew Forbes, Healthcare Administrator, reads to first graders at Pleasant Grove Elementary as part of NMOTC's STEM outreach program.



San Diego, CA - MSC's CDR Eric Cunha, Clinical Psychologist, and LCDR Justin Campbell, Research Psychologist/POMI, briefed the Navy's second highest ranking civilian, Deputy Undersecretary of the Navy, Mr. Thomas W. Hicks on 19 Jan. CDR Cunha, Department Head of SARP/OASIS and LCDR Campbell DIVO of OASIS, briefed Undersecretary Hicks on the operations and outcomes of the Navy's only residential program that focuses on the treatment of combat related post-traumatic stress disorder.

MSCs in Focus



Fort Bragg, NC - NMOTC CO CAPT Paul Kane, MC, presents the Meritorious Service Medal to LCDR Tim Cruickshank, Physician Assistant (SEAL), at his retirement ceremony held in Navy Special Operations Medical Institute (NSOMI) .



Jacksonville , NC - CAPT Rodney Gunning, Commanding Officer of 2nd Dental Battalion, congratulates LT Phillip Bell, Comptroller/Logistician, for receiving the 2015 Professional Excellence Award for 2D Dental Battalion, Naval Dental Center, Camp Lejeune.



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MSCs in Focus



San Diego, CA – Physician Assistants represent NMOTC Det - Surface Warfare Medical Institute. Top picture: From L - R - LTJG Jeremy S. Jackson, Facilities Department Head; LCDR Gregory J. Monk, Director of Academics and Governance; LCDR Robert J. Wishmeyer, Assistant Officer-in-Charge; CDR William D. Holder, Physician's Assistant Program Director. Top left: LCDR Robert J. Wishmeyer, Surface Warfare Medical Institute's Assistant Officer-in-Charge Bottom right - LT Tyrone Nagapoollay, Department Head for the Independent Duty Corpsman Program Curriculum.

MSCs in Focus



Pensacola, FL - Naval Aerospace and Operational Physiologists attend the US Naval Aeromedical Conference 11-15 January 2016. For the first time, the US Naval Aeromedical Conference hosted an Aerospace Scientist Track for NAEPs and NAOPs. The largest gathering since 2005, proved to be of great benefit to all in attendance. NAOPs LCDR Sweet-T Welsh, LCDR Freak Tapia, LCDR Creature McCarthy, and CDR Bumbles Balcius presented a poster entitled "Impact of tilt rotor flight on troop performance: A review of current operational policy and direction for future research initiatives," which was judged First Runner up in the conference poster competition. Additionally, LCDR Daniel "Val" Immecker, Director, Aviation Survival Training Center Patuxent River, MD, was named the 2015 Naval Aerospace and Operational Physiologist of the year. The Naval Aerospace Physiology Program Planning Committee also selected Dr. Fred Patterson (NAMRU-Dayton) for Special Award recognition and HM2 Mark Skaggs (Aeromedical Safety Corpsman, MAG-39) for the James Janousek Enlisted Award.

Education & Training Management
Radiation Health Specialist
Financial Management
Environmental Health
Physician Assistant
Medical Technology
Physical Therapy
Microbiology
Podiatry
Pharmacy
Physiology
Medical Logistics
Operations Analysis
Patient Administration
Plans, Operations & Medical Intelligence
Health Facility Planning and Project Officer



Health Care Information Systems
Biochemistry/Toxicology
Occupational Therapy
Manpower/Personnel
Clinical Psychology
Industrial Hygiene
Entomology
Audiology
Dietetics
Optometry
Social Work
Research Psychology
Aerospace Physiology
Health Care Administration
Aerospace Experimental Psychology

MSCs Around the Globe



Songsan, South Korea - LCDR Michael Jette, POMI, and LCDR Eugene Osborn, Medical Logistician, from III Marine Expeditionary Force, hold combined talks with representatives of the Republic of South Korea Navy Surgeon General's Office in Yongsan, South Korea to discuss medical capabilities for future exercises and planning efforts.



NATO ROLE 3 MMU, Kandahar Airfield, Afghanistan - NATO ROLE 3 MMU Staff receives a plaque as a gift from the individuals at the Mullah Omar Compound for saving the life of one of their own during a mass casualty event this past winter. Pictured: LT Elisa Menck (left), Physical Therapist, and CAPT Gayle Shaffer, Dental Corps and Commanding Officer of NATO ROLE 3 MMU.



Okinawa, Japan - LT Nolan Crain, Physician Assistant of 1st Battalion, 2nd Marines, stands alongside LT Cameron Tshako, Physician Assistant of 2nd Battalion, 2nd Marines, in front of the US Naval Hospital Branch Medical Clinic at Camp Schwab.

MSCs Around the Globe



Sydney, Australia - LT Janine Badic (left), Director of Resource Management at Naval Hospital Rota, Spain, and LT Jenny Frasco, Fleet Health Logistics and Support Officer, Fleet Headquarters, Sydney, Australia, pose for a picture after participating in the final ocean swim of the Great Australian Swim Series in Farm Cove of the Sydney Harbor. The race commenced alongside the iconic Sydney Opera House and the Royal Botanic Gardens on Australia Day. Badic and Frasco earned finisher medals for the 750m open water course.



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to get the latest updates on the MSC!

Okinawa, Japan - 3D Medical Battalion staff and Healthcare Administrators, with their CO, conquer the summit of Mt. Gusuku on IE island, Okinawa, Japan. Pictured (L to R): LT Marty Baumbach, LT Sean Oehrlein, LT Matthew Christensen, and CDR Jason Darby, battalion CO.

MSCs in Focus



Pascagoula, MI - Industrial Hygiene Officers provide support to the fleet! Bottom left: LT Marc Becnel inspects a Compressed Melting Unit's material condition aboard the USS HARPERS FERRY (LSD 49) during a recent Material Inspection. Bottom right: LT Trista Konya and LT Marc Becnel sail into port on the USCGC James (WMSL 754) in Pascagoula Mississippi during the acceptance trial. Pictured in the background is the Ingalls shipyard currently constructing an LPD. Top picture: Picture of the USCGC James (WMSL 754).

Do you have photos, articles, and BZs share? Submit them through your COC to:
[MSC Corps Chief's Office](#)

U.S. Navy Medical Service Corps

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Health Care Administrators, Clinical Care Specialties, and Health Care Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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